Performance

Report

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| Name of service: | Bangalor Retreat |
| Service address: | 27 Stott Street TWEED HEADS WEST NSW 2485 |
| Commission ID: | 0604 |
| Approved provider: | Temahl (AUST) Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 June 2023 |
| Performance report date: | 20 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bangalor Retreat (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 19 July 2023
* the performance report dated 17 January 2023, for the Site Audit conducted 5 December 2022 to 9 December 2022

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Following a Site Audit conducted 5 December 2022 to 9 December 2022 the service was found Non-compliant in Requirement 3(3)(g). Deficiencies related to infection control, specifically outbreak management planning and staff compliance with practices relating to the use of personal protective equipment.

The service has taken action to address the deficiencies that were identified including:

* The outbreak management plan has been reviewed and updated. The Clinical Governance Team monitor the outbreak management plan and update it with any changes recommended by state health authorities and other bodies. Changes to the outbreak management plan are communicated to staff through electronic messaging and at handover. The outbreak management plan was reviewed by the Assessment Team and found to comply with legislative requirements.
* Management said they had regularly provided ad hoc staff training sessions and included information relating to infection control; this included daily observations of staff practice to ensure correct application of personal protective equipment. Staff confirmed management observed them frequently and provided them with feedback if this was required.
* Care staff said some staff had received additional training and were designated ‘marshals’. They had been trained to undertake fit mask testing with staff and observe staff practice, reminding staff to complete hand hygiene and correctly apply personal protective equipment.
* The approved provider has an infection prevention and control lead within the Clinical Governance Team; two clinical staff from the service are scheduled to commence training in this role in July 2023.

Overall consumers said the service minimised the risk of infection transmission and appropriately managed consumers who presented with an infection. Consumer and representative feedback included that staff identified infections quickly, treatment was commenced and that staff monitored consumers for signs and symptoms of clinical deterioration. One consumer said they were recently unwell with respiratory symptoms and staff asked them to isolate in their room, checked them regularly and wore masks, gloves and gowns. The consumer said staff were very good at hand hygiene and reminded the consumer to also wash their hands.

Infection prevention and control procedures and an outbreak management plan were in place and the Assessment Team found consumers with an infection were managed in accordance with organisational requirements.

Registered staff described how they monitored consumers for symptoms of infection, collected pathology specimens to identify the pathogen and ensured the correct prescription of antibiotics. Registered staff said infection control policies and the outbreak management plan guided staff practice. Care staff said they followed registered nurse directions when caring for consumers with an infection; they said they had completed infection control training and were familiar with the use of personal protective equipment including face masks. The Assessment Team observed staff wearing personal protective equipment appropriately and undertaking screening of visitors and staff for symptoms of infection.

I am satisfied infection prevention and control practices were in place, staff demonstrated a sound understanding of their responsibilities in relation to infection control and the outbreak management plans for respiratory and gastroenteritis aligned with legislated requirements. I find Requirement 3(3)(g) is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Following a Site Audit conducted 5 December 2022 to 9 December 2022 the service was found Non-compliant in Requirement 5(3)(b). Deficiencies related to aspects of the service environment including blocked evacuation exits, poorly maintained external areas and the inability of consumers in the secure area of the service to move freely outdoors.

In response to the deficiencies identified during the Site Audit the service has:

* obtained quotes for the refurbishment of the garden outside the memory support unit; the date for the commencement of works had not been determined, and
* included a fortnightly clean of emergency exits areas in the maintenance schedule together with a weekly review to ensure these areas were free from obstruction.

However, an Assessment Contact was conducted 27 June 2023 and the Assessment Team found ongoing deficiencies in the service environment. Consumers residing in the memory support unit were not able to freely access outside areas due to the area being unkempt and the doors leading to the area being locked thereby preventing consumers from accessing the outdoor space. While the service demonstrated there were plans in place to refurbish the area outside the memory support unit, works had not begun at the time of the Assessment Contact and the area remained unsafe. Additionally, strategies to ensure emergency exits remained clear of obstruction had not been consistently effective and one emergency exit was observed to have equipment stored close to the area that affected access.

Consumers provided negative feedback about the outdoor space and the Assessment Team observed the outdoor area was untidy, was overgrown with weeds and the grass was long and required mowing.

Staff provided feedback that due to limited human resources they had difficulty maintaining the garden areas and attending to maintenance requests.

In response to the Assessment Team’s observations and feedback during the Assessment Contact, management had the walkway cleaned and improved the access to the emergency exit by having equipment removed; the plan for continuous improvement was revised to include increased monitoring of emergency exits and scheduled cleaning. A memorandum was sent to all staff advising of the appropriate storage processes.

The approved provider’s response to the Assessment Team’s report received 19 July 2023 stated that actions have been taken to provide an environment that is safe and clean and that consumers are now enabled to move freely indoors and outdoors. Evidence of actions taken were included in the response.

The response states a contractor engaged to erect a fence in the memory support unit in April 2023, however their business closed unexpectedly prior to the scheduled commencement. As a result, a second contractor was secured and the fence has now been erected.

A regional property manager role was created in April 2023 to assist in the oversight and ongoing planned improvements of the approved provider’s South East Queensland portfolio, that includes this service.

A second maintenance officer has been recruited into an existing vacancy; the regional property manager and existing maintenance officer are providing the new staff member with an orientation. Strategies to support the timely completion of preventative and corrective maintenance have been established.

An external landscaping company was engaged to assist in garden maintenance and a gardener attended the memory support unit to prepare for the installation of the fence and to complete lawn mowing, rock removal and pruning of plants. Following this, external gardeners have returned to site to ensure all garden areas were neat and tidy; ongoing garden maintenance will be met by the two onsite maintenance staff.

Consumers in the memory support unit now have access to a secured garden environment.

The approved provider states twice daily monitoring of fire and emergency exits is occurring and spot audits have been completed by on site management staff; spot audits have demonstrated all fire exits remain clear and accessible.

The service has submitted a revised plan for continuous improvement specific to the service’s living environment. Ongoing improvements are planned to occur in the memory support unit’s garden that will support increased engagement and offer an enhanced sensory environment for consumers. For example, the service is planning to lay a soft fall surface and to install purposeful activity stations including a dining area, raised garden beds and clothesline. These initiatives are scheduled to be completed in August 2023.

I am satisfied the service has remediated the deficiencies that were identified during the Assessment Contact and that there are plans in place to further enhance the service’s living environment, particularly for those consumers who reside in the memory support unit. I find Requirement 5(3)(b) is Compliant.

1. The preparation of the performance report is in accordance with 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)